

**EDA-117 Multiple Location Schedule**

(attach to EDA-98)

IBT number: \_\_\_\_\_ - \_\_\_\_\_

Audit period: \_\_\_\_\_

Write tax amounts only.

Location code	_____	GM (pre 1/90)	<b>1a</b>	_____
	_____	GM (post 12/89)	<b>1b</b>	_____
Site name	_____	Food and drug	<b>1c</b>	_____
	_____	Local tax (pre 1/90)	<b>2</b>	_____
Address	_____	Co. sup. tax (pre 1/90)	<b>3</b>	_____
	_____	Mass transit (pre 1/90)	<b>4</b>	_____
	_____	CWCT (pre 1/90)	<b>5</b>	_____
	_____	Home rule sales tax	<b>7a</b>	_____
	_____	Home rule use tax	<b>7b</b>	_____
	_____	MPEA tax	<b>8</b>	_____
	_____	ART sales tax	<b>10a</b>	_____
	_____	ART local tax	<b>10c</b>	_____
	_____	ART MPEA tax	<b>10d</b>	_____

Location code	_____	GM (pre 1/90)	<b>1a</b>	_____
	_____	GM (post 12/89)	<b>1b</b>	_____
Site name	_____	Food and drug	<b>1c</b>	_____
	_____	Local tax (pre 1/90)	<b>2</b>	_____
Address	_____	Co. sup. tax (pre 1/90)	<b>3</b>	_____
	_____	Mass transit (pre 1/90)	<b>4</b>	_____
	_____	CWCT (pre 1/90)	<b>5</b>	_____
	_____	Home rule sales tax	<b>7a</b>	_____
	_____	Home rule use tax	<b>7b</b>	_____
	_____	MPEA tax	<b>8</b>	_____
	_____	ART sales tax	<b>10a</b>	_____
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Location code	_____	GM (pre 1/90)	<b>1a</b>	_____
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Site name	_____	Food and drug	<b>1c</b>	_____
	_____	Local tax (pre 1/90)	<b>2</b>	_____
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	_____	Mass transit (pre 1/90)	<b>4</b>	_____
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Location code	_____	GM (pre 1/90)	<b>1a</b>	_____
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Site name	_____	Food and drug	<b>1c</b>	_____
	_____	Local tax (pre 1/90)	<b>2</b>	_____
Address	_____	Co. sup. tax (pre 1/90)	<b>3</b>	_____
	_____	Mass transit (pre 1/90)	<b>4</b>	_____
	_____	CWCT (pre 1/90)	<b>5</b>	_____
	_____	Home rule sales tax	<b>7a</b>	_____
	_____	Home rule use tax	<b>7b</b>	_____
	_____	MPEA tax	<b>8</b>	_____
	_____	ART sales tax	<b>10a</b>	_____
	_____	ART local tax	<b>10c</b>	_____
	_____	ART MPEA tax	<b>10d</b>	_____

Completed by \_\_\_\_\_

Date \_\_\_\_\_

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